

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1							51		
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
9							59		
10							60		
11							61		
12							62		
13							63		
14							64		
15							65		
16							66		
17							67		
18		/					68		
19		/					69		
20		/					70		
21		/					71		
22		/					72		
23		/					73		
24		/					74		
25		/					75		
26		/					76		
27		/					77		
28		/					78		
29		/					79		
30		/					80		
31		/					81		
32	/	/					82		
33		/					83		
34		/					84		
35		/					85		
36		/					86		
37		/					87		
38		/					88		
39	/	/					89		
40		/					90		
41		/					91		
42		/					92		
43		/					93		
44		/					94		
45		/					95		
46		/					96		
47		/					97		
48	/	/					98		
49		/					99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	96						TOTAL DEP.		
TOTAL CLAIMS	100						TOTAL CLAIMS		

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6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						